

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE      |
|---------------------------|----------|--------|-----------|
| FEE DETERMINATION         |          |        |           |
| O.I.P.E. CLASSIFIER       |          | 8      | 01/24/01  |
| FORMALITY REVIEW          | H.S.     | 866    | 02.15.001 |
| RESPONSE FORMALITY REVIEW |          |        |           |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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TEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

C.C.  
02-15-01